

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
60 JAN -3 AM 8:50
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**
DOCUMENT # **P98000105869**
1. Corporation Name
PRECISE BUILDERS, INC.
Principal Place of Business
Mailing Address
**605 F STREET
BROOKSVILLE, FL
34601**
**605 F STREET
BROOKSVILLE, FL
34601**
2. Principal Place of Business
2a. Mailing Address
21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24
25
29
30
9. Name and Address of Current Registered Agent
**WILLIAM T. GOULD
605 F STREET
BROOKSVILLE, FL 34601**
DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
DEC 18, 1998
4. FEI Number
59-3549066
Applied For
Not Applicable
5. Certificate of Status Desired ☐
**\$8.75 Additional
Fee Required**
**6. Election Campaign Financing
Trust Fund Contribution** ☐
**\$5.00 May Be
Added to Fees**
**8. This corporation owes the current year Intangible
Personal Property Tax.** ☐ Yes ☒ No

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE
12. OFFICERS AND DIRECTORS
TITLE **P T** ☐ DELETE

NAME **WILLIAM T. GOULD**
STREET ADDRESS **605 F STREET**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**
TITLE **V P S** ☐ DELETE

NAME **JOSEPH W. MAZZUCCO**
STREET ADDRESS **605 F STREET**
CITY-ST-ZIP **BROOKSVILLE, FL 34601**
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
12-27-99
04/20/99 90140
Daytime Phone #
067 150.0